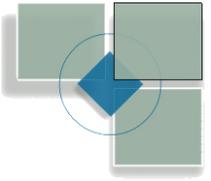




DeKalb County Department of Planning & Sustainability

Lee May
Interim Chief Executive Officer



OVERLAY DISTRICT CERTIFICATE OF COMPLIANCE APPLICATION

Hansen # _____

1. **Property Address:** _____
Map Reference: _____
Owner: _____ Owner's Telephone: _____
Owner's Address: _____

2. **Name of Applicant:** _____
Mailing Address: _____
Daytime Telephone: _____
Fax: _____ Email: _____

3. **Relationship of Applicant to Property Owner:**
 OWNER ATTORNEY ARCHITECT CONTRACTOR OTHER _____

You must make a written request for a meeting with the Department of Planning & Sustainability staff to review your submittal application & supporting documents for completeness. This meeting will constitute the Initial Review Meeting. The Owner or a representative must be present at the Initial Review Meeting for your proposed development. Please refer to the Overlay District Process Diagram for additional information.

4. **The Nature of Proposed Improvements:**

<input type="checkbox"/> Commercial -	<input type="checkbox"/> New Construction	<input type="checkbox"/> Renovation	<input type="checkbox"/> Addition/Modification
<input type="checkbox"/> Residential -	<input type="checkbox"/> New Construction	<input type="checkbox"/> Renovation	<input type="checkbox"/> Addition/Modification
<input type="checkbox"/> Landscape Features		<input type="checkbox"/> Site Furniture	<input type="checkbox"/> Other (Please list) _____
<input type="checkbox"/> Public Utility Facilities		<input type="checkbox"/> Transportation	_____
<input type="checkbox"/> Billboards / Signage		<input type="checkbox"/> Fences or Walls	_____

Please describe your proposed improvements in the space provided below. Be as concise and accurate as possible. Use the attached criteria checklist to guide you in your description. The description should include but not be limited to the proposed use, the size of the property, the total area of the proposed improvements, number of units, Floor Area Ratio (FAR) and the proposed number of floors. Include other information which further describes the project. You may attach additional sheets if necessary:

IMPORTANT: This application must be completed and submitted with the Conceptual Plan Package at the Initial Review Meeting. All supporting documents shall include but not be limited to renderings, plans, sections, elevations, product samples, photographs and all other such documents that define the architectural and urban design character of the improvements. You must request in writing an Initial Meeting with the Planning Staff. You will be notified of the actual date and time of your Initial Meeting. At that time you must be prepared to submit Six (6) copies of your submission. Incomplete applications or submissions will not be accepted for consideration by the Planning staff.

Signature of Applicant/Representative

Date

For Office Use Only: OVD _____ Date Received: _____ Approved _____ Denied _____ Initials _____
Rev. 2/2/11

Notes:



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